

APPLICATION FOR A REGISTERED TRAINING ORGANISATION TO
**ADD OR REMOVE A NOMINATED TRAINER
OR AUTHORISED OFFICER**
FOR DELIVERY OF GENERAL INDUCTION TRAINING IN NSW UNDER THE NATIONAL
CODE OF PRACTICE FOR INDUCTION FOR CONSTRUCTION WORK

EXPLANATORY NOTES

Add or Remove a Nominated Trainer

A Registered Training Organisation (RTO) must advise WorkCover NSW of any nominated trainer prior to delivery of general induction training in NSW under the *National Code of Practice for Induction for Construction Work* (National Code) in NSW. WorkCover NSW will be unable to process applications for construction induction card if the RTO has not nominated the trainer.

A nominated trainer is any person who is employed by, contracted to, partnered with or affiliated with an RTO and who has been nominated by the RTO to deliver general induction training.

Nominated trainers are required to declare any OHS disciplinary proceedings in any State or Territory ie suspensions, cancellations and court related matters.

The qualifications required for a nominated trainer to deliver and assess the unit of competency for an RTO are stated within the National Code and the *Australian Quality Training Framework* (AQTF).

RTOs must notify WorkCover within fourteen (14) calendar days of any nominated trainer who is no longer delivering training on behalf of the RTO.

Add or Remove an Authorised Officer

Authorised officer(s) are the contact person(s) that have been registered with a State training authority and that appear on the National Training Information Service (NTIS) website www.ntis.gov.au.

Authorised officers are required to sign the declaration.

An RTO must advise WorkCover NSW of any change to their authorised officers (additions or removal) within fourteen (14) calendar days of the change.

Lodgement:

Post this application form to: Third Party Management Unit, WorkCover NSW, Locked Bag 2906, Lisarow, NSW, 2252.

Enquiries:

For further information, please contact: Third Party Management Unit, WorkCover NSW

Hotline: 1800 855 969 (8.30am to 5pm)

Fax: 02 9287 5994

Email: thirdparty@workcover.nsw.gov.au

PRIVACY STATEMENT

Information that is provided to WorkCover NSW may be covered by the *Privacy and Personal Information Protection Act 1998* and WorkCover administered legislation. The information in this application is collected by WorkCover NSW for the purpose of providing you, as an RTO, with approval to deliver general induction training in NSW, in accordance with the requirements of the *Occupational Health and Safety Act 2000* and *Occupational Health and Safety Regulation 2001*.

This information may also be used for the purpose of confirming applicant details as required. This information may also be made available to other State government agencies including the NSW Department of Primary Industries and the Vocational Education and Training Accreditation Board and any other State training authority or Commonwealth, State or Territory OHS regulatory authority.

Information provided in this form will not be used or disclosed except in accordance with the requirements of the *Privacy and Personal Information Protection Act 1998*.

You may apply to WorkCover to access and correct any information WorkCover holds if that information is inaccurate, incomplete, not relevant or out of date. Applications should be made in writing to the Privacy Contact Officer, WorkCover NSW Head Office, Locked Bag 2906, LISAROW NSW 2252.

1. ADD OR REMOVE A NOMINATED TRAINER**RTO DETAILS**

Please photocopy an additional page 2 if more than two trainers are to be added or removed within this application.

RTO TRADING NAME: _____**WORKCOVER APPROVAL NUMBER:** _____**STATE/TERRITORY OF REGISTRATION:** _____ **REGISTRATION EXPIRY DATE:** _____**AUTHORISED OFFICER**

I declare that:

- ☐ The nominated trainer/s listed on this application meet the minimum qualifications required to train and assess under the AQTF and the National Code.

NAME: _____ **POSITION:** _____**SIGNATURE:** _____ **DATE:** _____**NOMINATED TRAINER DETAILS**Tick the appropriate box **Add** ☐ **Remove** ☐ the following nominated trainer**Nominated Trainer Identification Number (if applicable)** _____**NOMINATED TRAINER NAME:** **TITLE:** _____ **GIVEN NAMES:** _____**SURNAME:** _____**ADDRESS:** _____**PHONE:** _____ **MOBILE:** _____ **FAX:** _____**EMAIL:** _____**DATE OF BIRTH:** _____The following information is not required to be filled out if this form is used for the **removal** of a Nominated Trainer, however, a signature is still required by either the Trainer, RTO delegate or Authorised person.

I declare that:

- ☐ The information contained in this application is true and correct in every particular.
- ☐ I have not been suspended or cancelled as an OHS service provider in any State or Territory.
- ☐ I have not been suspended or cancelled as an RTO by any State training authority.
- ☐ I have not been convicted of any OHS offence under any Australian OHS legislation or any criminal offence within the past five years.
- ☐ I consent to the making of enquiries of, and the exchange of information with, any State training authority or any Commonwealth, State or Territory OHS regulatory authority regarding my activities relevant to this application and any approval provided by WorkCover NSW in respect of it.

SIGNATURE OF NOMINATED TRAINER: _____ **DATE:** _____It is an offence under the *Crimes Act 1900* and *OHS Regulation 2001* to make a false or misleading statement in this form. Heavy penalties apply.

2. ADD OR REMOVE AN AUTHORISED OFFICER**RTO DETAILS**

RTO TRADING NAME: _____	
WORKCOVER APPROVAL NUMBER: _____	
STATE/TERRITORY OF REGISTRATION: _____	REGISTRATION EXPIRY DATE: _____
AUTHORISED OFFICER	
NAME: _____	POSITION: _____
SIGNATURE: _____	DATE: _____

AUTHORISED OFFICER'S DETAILS

Tick the appropriate box **Add** ☐ **Remove** ☐ the following Authorised Officer

AUTHORISED OFFICER:

TITLE: _____ **GIVEN NAMES:** _____ **SURNAME:** _____

POSITION: _____

ADDRESS: _____

PHONE: _____ **MOBILE:** _____ **FAX:** _____

EMAIL: _____

DATE OF BIRTH: _____

I hereby declare that:

- ☐ The information contained in this application is true and correct in every particular.
- ☐ The RTO has not had its registration cancelled or suspended by a State training authority.
- ☐ The RTO's authorised officers have not been suspended or cancelled from delivering services by a State training authority in any State or Territory or by a Commonwealth, State or Territory OHS regulatory authority.
- ☐ The RTO will deliver general induction training in accordance with the AQTF standards and will only engage competent persons to deliver training as defined under the AQTF and in the National Code.
- ☐ The RTO will use the WorkCover NSW mandated assessment and recognition of prior learning (RPL) tools when delivering general induction training.
- ☐ The RTO agrees to comply with the *WorkCover NSW Administration Guidelines for Registered Training Organisations Delivering General Induction Training in NSW under the National Code of Practice for Induction for Construction Work* and the *WorkCover NSW Code of Conduct for Registered Training Organisations Delivering General Induction Training in NSW under the National Code of Practice for Induction for Construction Work*.
- ☐ I consent to the making of enquiries of, and the exchange of information with, any State training authority or any Commonwealth, State or Territory OHS regulatory authority regarding my activities relevant to this application and any approval provided by WorkCover in respect of it.

The RTO also acknowledges that any breach of the *WorkCover NSW Administration Guidelines for Registered Training Organisations* or the *WorkCover NSW Code of Conduct for Registered Training Organisations* may result in the suspension or cancellation of an RTO's WorkCover NSW approval to deliver general induction training in NSW and/or prosecution.

SIGNATURE: _____ **SIGNATURE:** _____

DATE: _____ **DATE:** _____

It is an offence under the *Crimes Act 1900* and *OHS Regulation 2001* to make a false or misleading statement in this form. Heavy penalties apply.

Catalogue No. **WC05947** WorkCover Publications Hotline **1300 799 003**

WorkCover NSW 92-100 Donnison Street Gosford NSW 2250
 Locked Bag 2906 Lisarow NSW 2252 WorkCover Assistance Service **13 10 50**
 Website **www.workcover.nsw.gov.au**

ISBN 978 1 74218 165 3 ©Copyright WorkCover NSW 0509